BOLLA BULI): (a) Estimated exports of tea during April 1996 to February 97 have been as under:—

Period	Export Qty. (M.kgs)	Value (Rs. Crores)
April '96 -Feb '97	144.66	1098.95

Source: Tea Board

(b) The public sector agencies engaged in tea exports are:

1. State Trading Corporation of India
2. Minerals & Metals Trading Corporation of India Ltd.
3. Tea Trading Corporation of India Ltd.
4. Balmer Lawre & Co. Ltd.
5. Andrew Yule & Co. Ltd.
6. Assam Tea Corporation.
7. West Bengal Tea Development Corporation.
8. Tamilnadu Tea Plantation Corporation.

(c) Government and the Tea Board have been analysing country-wise exports of tea and bestowing special attention in areas that require it. Tea Board also acts to remove bottlenecks in exports to individual markets wherever these are noticed.

Other steps taken to increase exports of Indian tea include (i) participation in major trade farms/exhibitions abroad; (ii) media campaign to increase consumer awareness of speciality of Indian tea and campaign to popularise the Tea Board marketing symbol which stands for pure Indian tea.

Benefits under Export Promotion Capital Goods Scheme

3245. SHRI K.M. SAIFULLA: Will the Minister of COMMERCE be pleased to state:

(a) The benefits likely to be extended by Government under the Export Promotion Capital Goods Scheme in the services sector; and

(b) the fillip proposed for Agricultural Export under the new Exim Policy?

THE MINISTER OF STATE OF THE MINISTRY OF COMMERCE (SHRI BOLLA BULI RAMAIAH): (a) The benefits extended to EPCG scheme in the service sector are as detailed in chapter 6 of the Export-Import Policy, 1997—2002 and already been laid on the Table of the House.

(b) (i) They are allowed to import equipment of Rs. 5 crore and above under Zero Duty EPCG Scheme.

(ii) Double weightage is given for the export of Agriculture products for calculating eligibility for recognition as Export House/Trading House/ Star Trading House/Super Star Trading House.

(iii) 1% additional Special Import Licence is allowed on export of fruits, vegetables, floriculture and horticulture produce/ products provided they constitute 10% or more of the total exports made.

(iv) EOU/EPZ units are permitted to sell 50% of their output in the DTA on payment of duty without insistence on value addition condition.

भारतीय चिकित्सा पद्धति के विभिन्न परिषदों के सदस्यों के लिए मापदण्ड

3246. श्री मूल चन्द मीणा: क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) देश में भारतीय चिकित्सा पद्धति से संबंधित कौन-कौन सी परिषदें कार्यरत हैं और उनके कार्य-क्षेत्र तथा उद्देश्य क्या-क्या हैं;

(ख) इन परिषदों के सदस्यों को सरकारी/गैर-सरकारी सदस्य (आफिशियल/ नान-अफिशियल) के रूप में मानने के मापदण्ड क्या हैं;

(ग) क्या भारत सरकार के संस्थानों में कार्यरत

अधिकारियों को केन्द्रीय भारतीय चिकित्सा अनुसंधान परिषद में गैर-सरकारी सदस्य माना जाता है; और

(घ) क्या केन्द्रीय भारतीय चिकित्सा परिषद में केन्द्रीय/राज्य सेवाओं में कार्यरत रहते हुए निर्वाचित होकर आने वाले अधिकारियों को सरकारी सदस्य माना जा रहा है; यदि हां, तो दोनों परिषदों के लिए भिन्न-भिन्न मापदंड अपनाने का आधार क्या है और इस संबंध में ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री सलीम इकबाल शेरवानी): (क) से (घ) सूचना एकत्र की जा रही है और उसे सभा पटल पर रख दिया जावेगा।

Control over Profit-Seeking Private Nursing Homes/Hospitals

3247. SHRI MD. SALIM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state what steps Government propose to take for control and regulation over the proliferating private profit seeking nursing homes and hospitals?

THE MINISTER OF STATE OF THE MINSITRY OF LAW AND JUSTICE (SHRI RAMAKANT D. KHALAP): (a) 'HEALTH' being a State subject, it is for respective State Governments to regulate functioning of private hospitals and Nursing Homes. The need to regulate the expansion of the private sector medical establishments, includng their standards, fees etc. has been emphasised at various fora. Some of the State Governments including Govt. of N.C.T. of Delhi do have their laws/rules including land use laws for regulating private medical establishments. The Govt. of N.C.T. of Delhi have informed that under rule 3 of the Delhi Nursing Home Act, 1953, Nursing Homes are required to display their schedule of charges at the Reception.

Contigency Plan to Fight Recurrence of Dengue Fever

3248. SHRIMATI JAYANTI PATNAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Starred Question 66 given in the Rajya Sabha on the 26th November, 1996 and state:

(a) whether Government have since finalized the contingency plan and calendar of events and activities to fight recurrence of dengue fever and to prevent spreading of dengue fever and Malaria in Delhi and elsewhee in the country;

(b) if so, the details thereof;

(c) if not, the reasons therefor; and

(d) what effective measures Government propose to take to control dengue and malaria and destroy mosquitos in the capital and other parts of the country?

THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE (SHRI RAMAKANT D. KHALAP): (a) and (b) Yes, Sir. The guidelines for a Contingency Plan and Calendar of Events/Action Plan to prevent and contain Dengue and Malaria has been drawn up and provided to all the State Governments including Govt. of NCT of Delhi.

(c) Does not arise.

(d) The measures proposal to control Dengue and Malaria include:—

intensification of surveillance activities;
vector control measures;
strengthening of hospital services for proper management of cases.
intensification of information. education and communication activities;
source reduction; and
organisation of training programmes.
Mass awareness campaigns by the local bodies.